

**West Virginia Board of Examiners  
for Registered Professional Nurses**

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Charleston, WV 25311-1620  
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**Complaint Form**

**Name and Address of individual against whom complaint is made:**

**Nature of complaint in detail:** (attach additional pages as needed.)

**Witnesses to incident or situation:** (give full names and addresses.)

**NOTE: LICENSEES ARE NOTIFIED WHEN A COMPLAINT IS FILED AGAINST HIS / HER LICENSE. A COPY OF THE COMPLAINT FORM AND ALL SUPPORTING DOCUMENTS ARE SENT TO THE LICENSEE WITH THE LETTER OF NOTIFICATION.**

**Name, address and telephone number of individual making complaint:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

Notary Public in and for COUNTY \_\_\_\_\_ STATE \_\_\_\_\_